

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44161
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 681

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clunch</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton Genl</u>		d. STREET ADDRESS (If outside, give location) <u>RR</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>VERGIE ARTOISE MILLER</u>		4. DATE OF DEATH Month Day Year <u>Dec 26 1957</u>	
5. SEX <u>7 MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4/26/1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Henry, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Redford</u>		13b. MOTHER'S MAIDEN NAME <u>Martha McChung</u>	
14. NAME OF HUSBAND OR WIFE <u>Geo E Miller</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Breda Miller</u> Address <u>Clunch mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA OF COLON</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 MO.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>153X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>OCT. 1957</u> to <u>DEC. 1957</u> and last saw her alive on <u>DEC. 26, 1957</u> Death occurred at <u>7:36</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Hugh B. Walker, MD</u> (Degree or title)		22b. ADDRESS <u>Clinton, Mo</u>	
22c. DATE SIGNED <u>28 Dec. 1957</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12/29/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Union mo</u>
24. FUNERAL DIRECTOR <u>J E Consalus</u>	ADDRESS <u>Clinton mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-29-57</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J E Bonolun*

Licensed Embalmer No. *1891*

P. O. Address *Clinton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.